SUPPORTING A TRAUMA-INFORMED APPROACH TO SEXUALITY EDUCATION

Trauma is prevalent among youth in this country, and the need to address trauma in youth programming is increasingly clear.¹ Trauma occurs when individuals are exposed to harmful or threatening events that overwhelm their ability to cope in the moment or in the future.² These include experiences of physical, emotional or sexual abuse, neglect, caregiver substance use or mental illness, family instability, assault and community violence.³ Not all children and youth are the same, and they may respond differently in the face of these exposures based on their subjective experience of the event(s), their age, their history of exposure and available resources and supports.^{2,4}

Advances in neuroscience show that intense or ongoing exposures to traumatic events, without protective factors, alter the body's stress response system—affecting a young person's cognitive, social and emotional development.³ In the classroom setting, these physiological changes can manifest as problems or challenges with learning, paying attention, regulating emotions, showing self-control and developing trusting relationships.² In severe cases, young people may exhibit symptoms of post-traumatic stress disorder (PTSD) or child traumatic stress. Potentially traumatic experiences are also part of the constellation of risk factors associated with early sexual initiation,⁵ more sexual partners,^{6,7} unprotected sex⁷ and teen pregnancy,^{7,8} as well as poorer mental health and substance use.⁹

Schools, youth-serving organizations and educators play an important role in recognizing and responding to trauma, as well as promoting healing and resilience for trauma survivors. A trauma-informed approach: (1) realizes the widespread impact of trauma and understands potential paths for recovery; (2) recognizes the signs and symptoms of trauma in students, staff and families; (3) responds by fully integrating knowledge about trauma into policies, procedures and practices; and (4) resists re-traumatization by avoiding practices that inadvertently create stressful or toxic environments.¹

Specific practices educators, youth workers, schools and youth-serving organizations can implement to cultivate trauma-informed sexuality education include the following:

- Provide training to staff so that they understand the effects of trauma and know how to recognize and respond to it appropriately.^{1,10,11}
- Create a culture of safety so that both staff and participating youth feel physically and psychologically safe.^{1,10} This includes establishing clear agreements around privacy, respect for self and others and appropriate behavior for the group setting.
- Build and maintain trust and transparency in relationships.¹ For sexuality education, it is especially important to inform youth and parents about the educator's obligation to report incidents in which young people disclose abuse or the intent to harm themselves or others.
- Create a culture of empowerment that recognizes people's individual strengths, resiliency and ability to heal from past trauma.^{1,10}
- Recognize that trauma can arise from power differences due to culture, gender and sexual orientation.^{1,10} Use inclusive language that empowers diverse populations. Avoid stigmatizing particular groups of youth or reinforcing limiting stereotypes.
- Facilitate open conversations. Regardless of past experiences, all youth benefit from conversations that allow them to feel positive about their bodies, negotiate relationships and determine when they are ready to engage in safe, consensual sexual activity.¹⁰
- Avoid judgment or attaching shame to past experiences or current sexual behaviors, particularly teen parenting and sexually transmitted infections.¹⁰
- Be aware that some students' behavior problems that arise in the group setting may stem from past trauma. Adopt disciplinary policies that focus on restoring relationships and integrating offending students back into the school and community. Traditional disciplinary policies that focus on punishment often aggravate the sense of rejection felt by someone with a history of trauma.¹¹

In addition, many educators and youth workers who work with traumatized youth also are vulnerable to the effects of trauma. This is often referred to as compassion fatigue or secondary traumatic stress. Educators can help avoid compassion fatigue by becoming aware of the signs (such as increased irritability with youth, difficulty planning lessons and activities, feeling numb or detached or intrusive feelings about a student's trauma), asking for support from colleagues, seeking help to heal from their own personal traumas and engaging in self-care by setting boundaries, eating well, exercising and taking a break when needed.²

- 1 SAMHSA. 2014. SAMHSA's Concept of trauma and guidance for a trauma-informed approach.
- 2 National Child Traumatic Stress Network Schools Committee. 2008. Child trauma toolkit for educators. Los Angeles, CA & Durham, NC: National Center for Child Traumatic Stress.
- 3 Harvard Center for the Developing Child. Key concepts: Toxic stress. Available at: http://developingchild.harvard.edu/index.php/key_concepts/toxic_stress_response.
- 4 Lieberman, A. F., & Knorr, K. 2007. The impact of trauma: A developmental framework for infancy and early childhood. *Pediatric Annals*, 36: 209.
- 5 Black, M. M., Oberlander, S.E., Lewis, T., et al. 2009. Sexual intercourse among adolescents maltreated before age 12: A prospective investigation. *Pediatrics*, 124: 941–949.
- 6 Felitti, V. J., & Anda, R. F. 2014. The lifelong effects of adverse childhood experiences. *Child Maltreatment*, Vol. 2., 4 ed., 203–216. Saint Louis: STM Learning, Inc.
- 7 Homma, Y., Wang, N., Saewyc, E., & Kishor, N. 2012. The relationship between sexual abuse and risky sexual behavior among adolescent boys: A meta-analysis. *Journal of Adolescent Health*, 51: 18–24.
- 8 Hillis, S. D., Anda, R. F., Dube, S. R., et al. 2004. The association between adverse childhood experiences and adolescent pregnancy, long-term psychosocial consequences, and fetal death. *Pediatrics*, 113: 320–327.
- 9 Shonkoff, J. P., & Garner, A. S.; the Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption and Dependent Care; and Section on Developmental and Behavioral Pediatrics; et al. 2011. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*, 129: e232–246.
- 10 Fava, N. M., & Bay-Cheng, L. Y. 2013. Trauma-informed sexuality education: Recognising the rights and resilience of youth. *Sex Education*, 13: 383–394.
- 11 Oelhlberg. B. 2009. Why schools need to be trauma informed. *Trauma and Loss: Research and Interventions,* Fall/Winter: 1–4.